CASE OF PITYRIASIS RUBRA? RECOVERY.

By WALTER FELL, M.A., M.B. Oxon., Wellington, New Zealand.

H. D. B., a married man, aged 36, with four children, all healthy, was first seen on July 15th, 1884.

Previous History.—He had always been healthy. There was no rheumatism or skin disease in his family. He had been very hard worked lately; was a great smoker; by profession, he was a lawyer.

Present Illness.—Fourteen days ago, he noticed a bright red patch on the inner side of the left thigh, close up to the scrotum; it was irritable and painful. A few days later, a similar patch appeared on the corresponding spot on the other thigh; thence, a few days later, it ran down both legs to the knees. When he was first seen, the rash had been out a fortnight, and his condition then was the following. Where the rash first appeared there was a deep red, almost purple, mottling of the skin, covered with fine dry scales; the part recently attacked was of a bright scarlet, and where it was just invading a new district, the surface was covered with a raised measy eruption, with no scales at all. In no part was there any trace of moisture, or exudation, or sign of pustules. His general health was good, and he continued up and about for a long time. His appetite was particularly good; the urine was cloudy, with lithates and oxalates; specific gravity 1034; there was no albumen, but an excess of urea. The bowels were open naturally; temperature 99°.

On August 3rd, five weeks after he was first attacked, his condition was as follows. The whole of the trunk, back and front, and both legs, down to the feet, the backs of the hands and the forearms, were covered with a dense raised red mottling, varying somewhat in intensity in parts, according to the age of the rash. The skin was everywhere thickened, the natural folds obliterated, so that he felt as if he were encased in leather. The legs and feet pitted deeply, and the rash faded completely on pressure. So far, the only parts not affected were the upper arms and face. The appetite and general health continued good, but he could get no sleep owing to the discomfort, and burning and tingling. There was no actual pain or real itching; he never wished to scratch himself. His tongue was clean, bowels open, temperature 99.2°. His urine contained much lithates, no albumen, and no sugar; it was diminished in quantity.

August 5th. The face, arms, and every part of him were attacked; the oedema was everywhere increasing. The face was swollen to an unrecognisable mass; the eyelids would not open. He had intense burning and throbbing in the palms of the hands. He had no sleep, in spite of sedatives. He was still able to get up, and come downstairs in a dressing-gown. He had much thirst, and drank freely of lemonade and barley-water. The quantity of urine was only 30 to 40 ounces.

August 12th. He seemed a little better. Branny scales were coming off the whole cutaneous surface in an extraordinary manner; a painful could be brushed off him in a few moments.

August 15th. A thick gummy fluid began to exude from the arms and legs, and to drip from the nose; but still the oedema did not go down. He now seemed much weaker and more despondent; his temperature began to rise; the average was over 101°.

August 17th. At the flexures of the wrists and elbows, the skin was inclined to crack, and there was a slight oozing of a gummy yellow liquid in these places. Everywhere else the skin was dry, of a deep red colour, thickened and scaly. The mucous membrane of the mouth was healthy; the nails were not raised, furrowed, or altered in any way.

He continued much the same up to August 27th, the temperature varying from 99° to 100°. Meantime, the appearance of the man gradually changed; for, probably owing to oily applications, the scaling ceased, but the deep mahogany discoloration still continued, and also the oedema. Where the oozing took place before, there was now a thick yellow incrustation; so that the appearance in parts, as on the chin and at the joints, was more that of an ordinary acute eczema. He was now very seriously ill; the necessary movements for cleaning and anointing him in bed exhausted him terribly.

August 31st. The affection seemed to have attacked the mucous membrane of his mouth; for he complained very much of it.

September 2nd. A change took place for the better. His urine at last began to increase in quantity; the amount in the twenty-four hours ran up from 24 to 60 ounces.

September 4th. The oedema had almost gone, and he was much more comfortable and hopeful. The temperature was still 101°, and his general appearance most extraordinary and alarming. The universal deep red colour, with large patches of dry and blackened epidermis

peeling off in great shreds; the eyelashes gone, or else matted together; the eyelids red and raw-looking; the face blackened and peeling—all combined to make him look as if his surface had been severely charred by a fierce flame.

September 8th. He had slight pneumonia and muco-purulent expectoration. There was roughness, probably pericardial, to the left of the sternum.

September 13th. There was slight increase of cardiac dulness; the apex was a little raised. Coarse crepitation was heard at the left base.

October 18th. The temperature was normal. The heart and lung-symptoms were gone. He was slowly gaining strength.

In November, he was able to leave his room; and, towards the end of December, he was able to get away for a change to the lakes, and, after a long holiday, he came back nearly well.

At the very commencement of his illness, when the rash was on his thighs only, his wife developed an identical rash on her own thigh, so that the idea that it was contagious was almost irresistible; nevertheless, I myself, and, later on, many other gentlemen, freely handled the patient—tried, in fact, to see if we could communicate it to ourselves; but we all failed. Mrs. B. suffered so much distress from the pain and tense feeling imparted to the skin, that it was necessary to keep her in bed. By the eighth day, her rash had spread to the trunk, back and front; attacked the breasts (she was then suckling an infant, four months old); and ran up the neck, and down the arms to the wrists; so that the face, hands, and feet were the only parts not attacked. Then it began to fade; only the parts most intensely affected, between the thighs, went through the stage of deep discoloration and scaling, the rest faded like an erythema. Mrs. B., without any treatment of importance, recovered in ten days. In Mr. B.'s case, the following line of treatment was adopted. The marked suppression of urine being believed to be a clear indication for treatment (arsenic, which was tried for the first few weeks, being given up as useless), hot-air and hot-water baths, with plenty of mild drinks, no alcohol, a fish and milk diet, and a mixture of nitrate of potash, scoparium, etc., were tried. The form of diuretic was repeatedly changed; iron and digitalis were tried for some time; also jaborandi, in large doses. The baths were soon given up, for they seemed to be doing no good, although he felt more comfortable after them. Locally, various soothing lotions were tried, first, the glycerole of subacetate of lead; then unguentum diachyli. At the time when he began to improve, he was taking a diuretic of nitrate of potash, squill, and scoparium, and was swathed all over in unguentum diachyli and oiled rags. Oil of cade and vaseline mixed, and tried on a small area, seemed to make him decidedly worse.

REMARKS.—The name, pityriasis rubra, is given to this case subject to correction. When the disease had lasted several months, there is no doubt that it assumed very much the appearance of an acute eczema; but I do not think any one, who had watched it from the first as I did, could deny that it followed very closely the course of the disease described as pityriasis rubra by Mr. Hutchinson, in his work on *Rare Skin Diseases*. In fact, except for the nails being unaffected, I think his description applied with wonderful accuracy to the case; the complete universality of the rash; the extreme depression, almost terminating in death; the abundant desquamation; and the absence, for the first six weeks, of anything like vesicles, moisture, or exudation, all tend to negative the idea that it was eczema.

VISCERAL LESION OR DISORDER, AND MENTAL DISEASE.

By JAMES ADAM, M.D.,

Resident Physician, etc., West Malling Asylum; late Medical Superintendent of the Crichton Royal Institution.

DISEASE, or disordered function of internal organs, it is well known, go hand in hand with well pronounced mental disorder. Although it cannot be stated, with perfect certainty, that these stand to each other in the relation of cause and effect, this much may, at least, be affirmed, that bodily disease or disorder not unfrequently determines the character of delusion, or the form which mental disease assumes.

Thus, the childless wife, past her climacteric, finds, as the effect of an epitheliomatous uterus, the pains which she fondly brings herself to believe are the long-looked, and wished-for, pains of labour; whilst the maniac of persecution traces, in the agonies of pain which he actually undergoes from organic visceral disease, only the cruel influences and machinations of his enemy, or of the evil one, upon him.

An interesting case of delusion, stated to be the result of intestinal